



## WAIVER and PERMISSION FORM

LOCATION: IRVING RECREATION CENTER  
(Please fill out one form for each child)

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**Please print**

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

**X**

**SIGNATURE OF PARENT AND/OR GUARDIAN**

**DATE**

- ☐ **YES**   ☐ **NO** I give staff permission to transport my child for the purpose of program activities, whether by van transportation, City bus system, or by walking during any of the days at a Parks and Recreation program.
- ☐ **YES**   ☐ **NO** I give my permission for Parks and Recreation staff to apply sunscreen as needed applied liberally, for outdoor play, field trips, and especially for swimming or other water activities. Product Fact Sheet is available for review at the program location. It is expected that sunscreen be supplied by parent or guardian but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with adequate sunscreen and/or assist the child with the application.
- ☐ **YES**   ☐ **NO** I give my permission for Parks and Recreation staff to apply insect repellent when necessary. We often apply more repellent to clothing than to skin. Program staff will apply the insect repellent. Product Fact Sheet is available for review at the program location.
- ☐ **YES**   ☐ **NO** I have read Parks and Recreation's Rules and Discipline Policy and have discussed with my child. I understand that disciplinary steps may proceed faster than outlined depending on the circumstances.
- ☐ **YES**   ☐ **NO** I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child.
- ☐ **YES**   ☐ **NO** In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

**CHILD'S PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Please turn over for additional required consent.**



## MEDIA, TALENT and PRODUCTION CONSENT and RELEASE FORM

LOCATION: IRVING RECREATION CENTER  
(Please fill out one form for each child)

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

I hereby irrevocably consent to the unrestricted use by the City of Lincoln, Nebraska, its successors and assigns and its elected officials, directors, agents, officers, and employees, of my name, statements, images such as portrait or picture, or likeness for advertising purposes or purpose of trade in statements, photographs, video moving images or other media now known or hereafter devised.

In granting these rights, I understand that I hereby release and hold harmless the City of Lincoln, Nebraska, its successors and assigns and its elected officials, directors, agents, officers, and employees from any and all actions, causes of action, claims or demands in connection with the creation or use of the images and/or statements.

I also waive any right to inspect or approve the images and/or statements, any edits, modifications or alterations thereof, advertising copy, catalogs or other printed or electronic matter, video recording, or photographs or any other material using or incorporation all or any part of the images and/or statements, or any use of publication thereof.

I waive any claim for consideration or compensation for the images and/or statements.

If more than one person signs the Release, "I" shall mean each person who signs this Release. If the Release is made by a corporation its proper corporate officers shall sign and its corporate seal be affixed.

I have the full right and legal capacity to sign this consent and release.

I have read this consent and release prior to signing it and I understand its contents.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURE** **X** \_\_\_\_\_

**Signature of Parent or Guardian**

**If talent is under 18** \_\_\_\_\_

**Witness** \_\_\_\_\_